	•	[ [ [ [ ] ] ] ] [ ] [ ] [ ] [ ] [ ] [ ]	311128						9)
O EDA	POTENTIAL HAZARDOUS WASTE SITE					EGION	SITE NUMBER		
POTENTIAL HAZARDOUS WASTE SITE FINAL STRATEGY DETERMINATION									
File this form in the regional System; Hazardous Waste En							on Ag	ency; Site	Tracking
A. SITE NAME		I. SITE IDENT	IFICATION						
Hannah Inla	nd Water	way Corp	B. STREET						
C. CITY	O. STATE					E. ZIP CODE			
Lemont	Lemont II. FINAL DETERMINATION								
Indicate the recommended act	tion(s) and agency(ie			arking 'X' i	in the app	ropriat	e box	es.	
RECOMMENDATION					ACTION AGENCY				
				MARK'X'	EPA	STA	TE	LOCAL	PRIVAT
A. NO ACTION NEEDED					<b> </b>			[ 	
B. REMEDIAL ACTION NEEDE (If yes, complete Section III.)	D, BUT NO RESOURC	ES AVAILABLE							
C. REMEDIAL ACTION (II yes, complete Section IV.)								X	
D. ENFORCEMENT ACTION (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)					}				
E. RATIONALE FOR FINAL ST AS LANCE  CLISTRICA  A SITE  POLIL	floid ; thas includ	the Me Mount ling pre	Grope red s mon	liba Isny al A	n) Olet J.Ci	e /	ni Ok	tan. Las	upales
F. IF A CASE DEVELOPMENT THE DATE PREPARED (mo.		EPARED, SPECIFY	G. IF AN ENI DATE FIL	FORCEMENT ED (mo», day		AS BEE	N FIL	ED, SPEC	FY THE
			ONE NUMBER 3. DATE (mo., day, & yr.) -6223 4-28-50						
✓ III. RE	MEDIAL ACTIONS	TO BE TAKEN W	HEN RESOUR	CES BECO	ME AVAI	LABL	E		
List all remedial actions, sud for a list of Key Words for ear remedy.									
A. REMEDIAL AC	TION B. ESTIMATED COST				. REM	ARKS			
		\$							
		\$							

remedy.	<del> </del>	<del></del>
A. REMEDIAL ACTION	B. ESTIMATED COST	C. REMARKS
	\$	
		<del> </del>
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
D. TOTAL ESTIMATED COST \$		

Continued From Front				~	
	_	IV.	REMEDIAL ACT	ions	
	strict access, p	provide alter			n or planned to bring the site under or a list of Key Words for each of
1. ACTION	2. ACTION START DATE (mo,day,&yr)	3. ACTION END DATE (mo,day,&yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				\$	
				\$	
				\$	
				s	
				\$	
				\$	
B. LONG TERM STRATEGY ( wells, etc. See instruction					, removal, ground water monitoring aces below.
1. ACTION	2. ACTION START DATE (mo, day, & yr)	3. ACTION END DATE (mo,day,dyr)	4. ACTION AGENCY (EPA, State Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				\$	
				\$	
				\$	
				\$	
				s	
				s	
C. MANHOURS AND COST BY	ACTION AGE	NCY			
1. ACTION AGENCY			2. TOTAL MAN- HOURS FOR REMEDIAL ACTIVITIES	3. TOTAL COST FOR REMEDIAL ACTIVITIES	
8. EPA					\$
b. STATE		_			\$

\$

EPA Form T2070-5 (10-79) REVERSE

d. OTHER (specify):